Division of International Services (DIS)

Office of Research Services

Request for New Guest Researcher(GR) or Special Volunteer (VL)

Completed NHF Form 590 (Rev. 1.799) Copy of highest earned degree (e.g. M.Sc., Ph.D., M.D.)* For NHH-sponsored J-1, proof of funding** Copy of passport identity page for GR/VL and each dependent If currently in the US: Copy of current Form I-94 for GR/VL and dependents Copy of most recent visa for GR/VL and dependents Copy of most recent visa for GR/VL and dependents Copy of most recent visa for GR/VL and dependents Include translations of all foreign language documents Include the name of organization, amount of funding in U.S. Dollars, and duration of funding. Minimum \$25,000 total annual funding for J-1 In addition, include these documents according to immigration status: J-1 transfer to NIH sponsorship: Copy of all Forms DS-2019 (and IAP-66) for J-1 and J-2 dependents Ensure properly completed Form 590, particularly Block 19 J-1 Alien Physician (ECFMG sponsorship): Requires advance authorization from ECFMG, consult with DIS in advance J-1 Student or Non-NIH sponsorship: Copy of all Forms DS-2019 (and IAP-66) for J-1 and J-2 dependents For non-J-1 students, letter of authorization from RO/ARO For students, letter of authorization from RO/ARO For students, letter of authorization from RO/ARO For students, letter of authorization from RO/ARO Copy of all Forms 1-20 (all pages) for F-1 Current Form I-20 authorized for CPT/OPT Copy of valid Employment Authorization Document (EAD) Other nonimmigrant classifications: Copy of valid Employment Authorization Document (EAD) Other nonimmigrant classifications: Copy of valid Employment Authorization Document (EAD) Other nonimmigrant classifications: Copy of valid Employment Authorization Document (EAD)	Documents Required:	
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For any nonimmigrant classifications not listed, please consult with DIS.

Guest Researchers are not covered by the Federal Tort Claims Act, therefore, they are generally not permitted to have incidental patient contact. An exception can be made if malpractice insurance is purchased.

Send or deliver above documents to DIS:

Building 31, Room B2B07 31 Center Drive MSC 2028 Bethesda, MD 20892-2028 Telephone: (301) 496-6166

FAX: (301) 496-0847

Keep copies of **EVERYTHING** you send to DIS

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